Infectious syphilis

Increases in infectious syphilis notifications are attributed to an on-going outbreak occurring in young Aboriginal and Torres Strait Islander people residing in northern and central Australia and continued increases among men who have sex with men (MSM) in urban areas of Victoria and New South Wales (NSW).

Outbreak in remote Australia

In January 2011, an increase of infectious syphilis notifications among young Aboriginal and Torres Strait Islander people was identified in the North West region of Queensland (QLD), following a steady decline at a national level in remote communities. Subsequent increases in infectious syphilis notifications were reported in the Northern Territory (NT) in 2013, Western Australia (WA) in 2014 and South Australia (SA) in 2016, following sustained periods of low notification rates. The outbreak is of significant public health concern given the: elevated rates of infectious syphilis among women of child-bearing age, increasing the risk of congenital syphilis; and the concomitant risk of HIV transmission.

For the latest information on the infectious syphilis outbreak, refer to the Department’s website.

Increases among MSM

Since 2010, increases in notifications of infectious syphilis have been reported in MSM, predominately 20-39 years of age, residing in urban areas of Victoria (VIC), Qld and NSW.

Influenza

At the national level, indicators for person to person transmission of influenza and influenza-like illness (ILI) continued to decline, after reaching a peak in early September. Activity levels have returned to or are approaching baseline levels. The Australian Government Department of Health continues to monitor influenza activity and a detailed analysis is available on the Department’s website.

Shigellosis

From 1 July 2018, the shigellosis surveillance case definition was changed to require notification of both confirmed and probable cases. This change in case definition is expected to result in an increase in notifications of shigellosis from 1 July 2018. Additionally, since 2014 there has been an increasing trend in national notifications of shigellosis. In the past quarter (29 July 2018 to 26 October 2018) there were 700 cases of shigellosis notified, which is 2.6 times the quarterly rolling five year mean (n=271.8).

Rates of shigellosis in Australia are higher amongst Aboriginal and Torres Strait Islander peoples compared with non-Indigenous populations. In 2017, the rate of shigellosis in Aboriginal and Torres Strait Islander peoples was 100 cases per 100,000 population, compared with 4 cases per 100,000 in non-Indigenous populations.

Tuberculosis

Notifications of tuberculosis (TB) over the past 365 day surveillance period (n=1,469) were around 10% higher when compared to the rolling 5 year mean (n=1,326.2). The incidence rate of TB in Australia is considered one of the lowest in the world (approximately 5 to 6 cases per 100,000 population). The majority (approximately 90%) of new TB cases are diagnosed in people born overseas, with nearly half of these cases being diagnosed within four years of arrival in Australia.
**Interpretative Notes**

Selected diseases are chosen each fortnight based on either exceeding two standard deviations from the 90 day and/or 365 day five year rolling mean or other disease issues of significance identified during the reporting period. All diseases reported are analysed by notification receive date. Data are extracted each Monday of a CDNA week.

Totals comprise data from all States and Territories. Cumulative figures are subject to retrospective revision so there may be discrepancies between the number of new notifications and the increment in the cumulative figure from the previous period.

1. The past quarter (90 day) surveillance period includes the date range (29/07/2018 to 26/10/2018).

2. The quarterly (90 day) five year rolling mean is the average of 5 intervals of 90 days up to 26/10/2018. The ratio is the notification activity in the past quarter (90 days) compared with the five year rolling mean for the same period.

3. The past year (365 day) surveillance period includes the date range (27/10/2017 to 26/10/2018).

4. The yearly (365 day) five year rolling mean is the average of 5 intervals of 365 days up to 26/10/2018. The ratio is the notification activity in the past year (365 days) compared with the five year rolling mean for the same period.

The five year rolling mean and the ratio of notifications compared with the five year rolling mean should be interpreted with caution. Changes in surveillance practice, diagnostic techniques and reporting may contribute to increases or decreases in the total notifications received over a five year period. Ratios are to be taken as a crude measure of current disease activity and may reflect changes in reporting rather than changes in disease activity.
### ADT FN21/2018

#### State or Territory

| Disease group          | Disease name                          | MT  | NT  | Qld | SA  | Tas  | WA  | NSW | NNDSS |
|------------------------|---------------------------------------|-----|-----|-----|-----|------|-----|-----|-------|-------|

#### Totals for Australia

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<th>Quartile ranking 5 year mean</th>
<th>Quarterly notification volume 5 year mean</th>
<th>Exceeds quarterly notification mean 5 year mean</th>
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#### Historical 90 Day Period

|                      |                      |                      |                      |                      |                      |                      |

#### Historical Yearly Period

|                      |                      |                      |                      |                      |                      |                      |

#### Footnotes:

- Rate of the 90 day prior surveillance period to the past 90 day’s 5 year rolling mean; or rate of the year prior surveillance period to the year prior 5 year rolling mean.
- NNDSS = National Notifiable Disease Surveillance System.
- NNDSS is a database of notification data representing data available on 26/10/2018. Data in this report are subject to retrospective revision and may vary from data reported in published NNDSS reports and notifications data by states and territories.